

Syringe Services Programs are Essential Public Health Infrastructure: Providing Services During the COVID-19 Pandemic

July 29th, 2020



**U.S. Department of
Health and Human Services**
Centers for Disease
Control and Prevention



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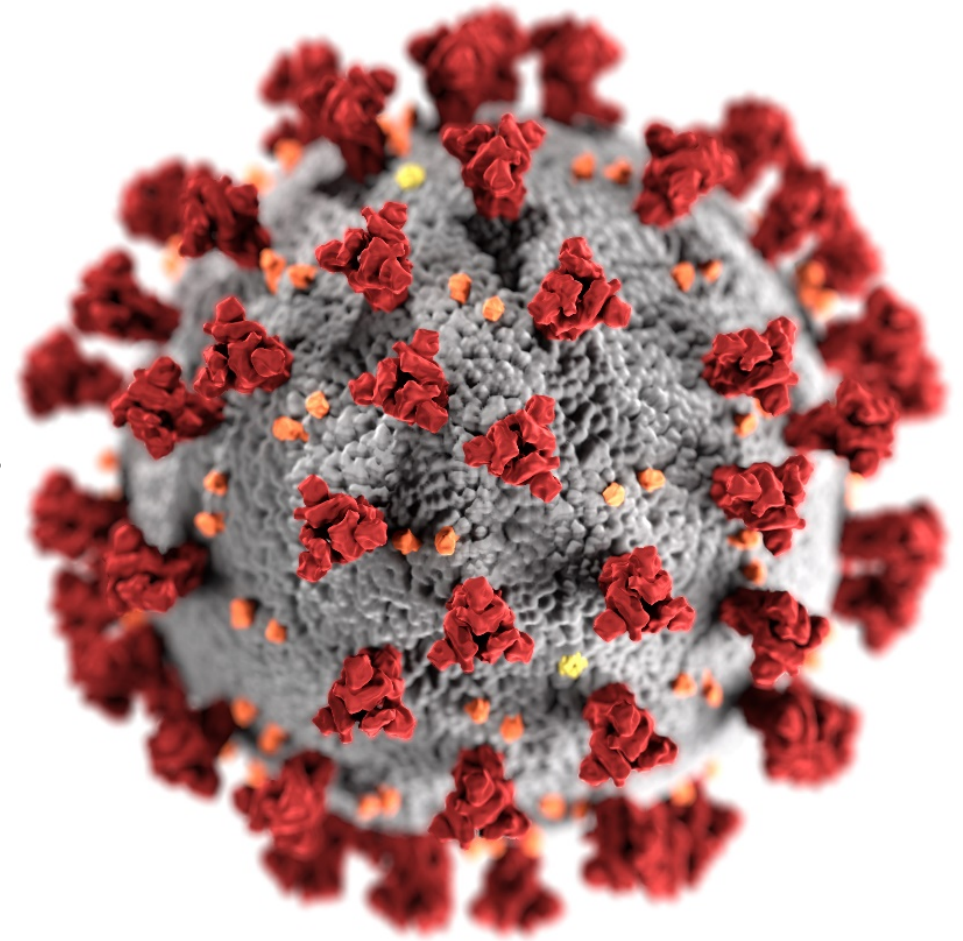
COVID-19 and Syringe Services programs: Impact and Interim Guidance

Alice K. Asher, RN, PhD

Senior Service Fellow, Centers for Disease Control and Prevention

Syringe Services Programs are Essential Public Health Infrastructure: Providing Services During the COVID-19 Epidemic

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cdc.gov/coronavirus

Roadmap for today's discussion

Background:

- The public health impact of syringe services programs (SSPs)
- Impact of COVID-19 on SSPs

Brief overview of CDC's interim guidance for SSPs during the COVID-19 pandemic:

- COVID-19 related guidance
- Providing harm reduction services



Syringe services programs prevent transmission of blood-borne infections

- Access to sterile injection equipment can help prevent blood-borne infections, skin infections and endocarditis
- Healthcare provided at SSPs can catch problems early and provide easy-to-access treatment
- In Philadelphia, SSPs averted 10,582 HIV infections over 10 years; 1-year return on investment of \$243.4M



SSPs + MOUD*
together
↓ 74%
**HIV & Hepatitis
C Transmission**

*Medications for opioid use disorder

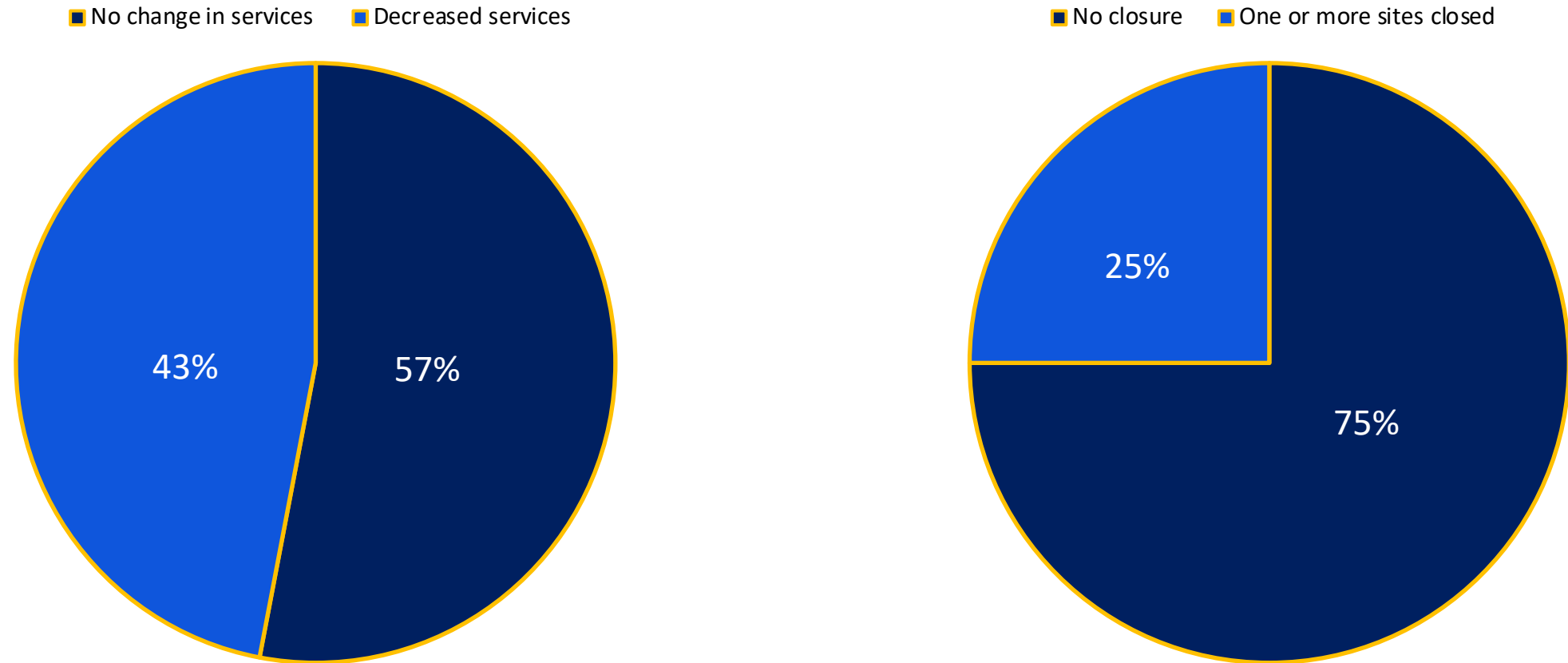


Source: <https://www.cdc.gov/ssp/syringe-services-programs-summary.html>; Ruiz, et al, *JAIDS*, 2019

Nearly 30 years of research demonstrates that SSPs are safe, effective and provide critical services

- SSPs engage people who inject drugs in healthcare and other social service
 - Improved access to primary care
 - **5 times** as likely to enter treatment for a substance use disorder
 - **3 times** as likely to stop injecting than those who don't use the programs
 - Improved treatment retention
- SSPs do not increase crime
- SSPs help keep communities clean by providing safe needle disposal

SSPs have been significantly impacted by COVID-19



Based on data collected from 173 syringe exchanges that responded to a survey conducted by the North American Syringe Exchange Network (NASEN) - March 31-April 16, 2020

Glick et al, *AIDS and Behavior*, 2020

SSPs are adapting services as a result of COVID-19

- Change in distribution models
- Measures to ensure staff and client safety
- Sterile injecting supplies and naloxone prioritized over screening for infectious disease
- SARS-CoV-2 testing

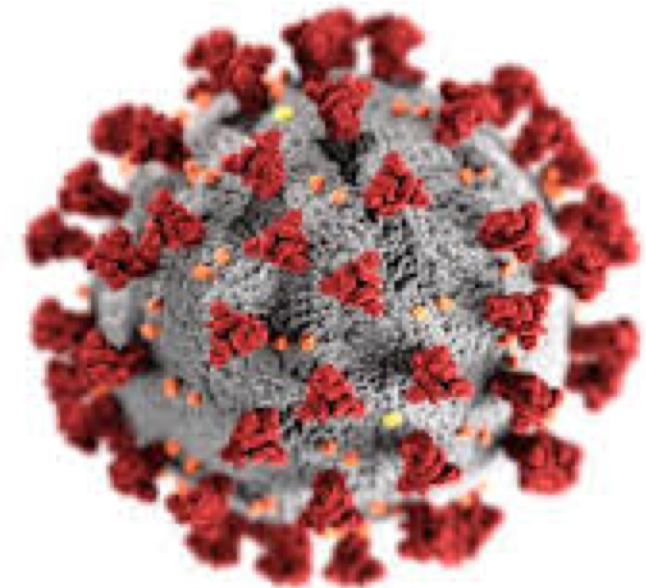
Key Findings from Five Qualitative Interviews With SSP's in COVID-19 Hotspots



Glick et al, *AIDS and Behavior*, 2020

CDC interim guidance on SSPs during COVID-19 pandemic

- SSPs should be considered essential
- Continuity of harm reduction services can reduce overdoses and transmission of infectious disease
- SSPs can help detect COVID-19 cases and prevent additional cases



Preventing transmission of SARS-CoV-2 at SSPs

- Ensure all clients, staff, and volunteers wear masks at all times to protect others
- Staff and volunteers should wash hands regularly
 - Clients should clean hands upon entry
- Ensure all clients, staff, and volunteers maintain physical distancing as much as possible
 - Consider services outdoors
 - Mail-order, delivery alternatives
- Promote flexible and non-punitive sick leave policies for SSP staff



Protecting SSP clients

- Screen all clients for possible COVID-19 symptoms
- Conduct SARS-CoV-2 testing at the SSP if feasible
 - Partnerships with local health department or healthcare organizations may facilitate access to testing and care
- Any clients with suspected or confirmed SARS-CoV-2 should be excluded from the facility until they meet CDC's criteria for discontinuation of home isolation
- Provide hygiene supplies such as alcohol-based hand sanitizer with at least 60% alcohol to clients experiencing homelessness or otherwise without regular access to soap and water for handwashing

Maintain harm reduction services

- Continue to provide sterile injection equipment and methods for disposal
- Continue to provide naloxone
- Consider changing policies to increase the number of syringes each client can receive per visit
- Use peer-based delivery models to ensure sterile supplies are reaching people who need them most, particularly in the event of SSP closure.
- Coordinate services with other nearby SSPs and community health programs

Continuity of care reduces the risk of infectious disease transmission

- Continue to help link clients with substance use treatment such as medication for opioid use disorder (MOUD)
 - Following SAMHSA guidance, work with programs offering MOUD and with behavioral health agencies to ensure access to 14-28 days of medication, and to initiate buprenorphine treatment using telehealth
- Consider implementing strategies such as self-testing to identify new infections
- Continue to link clients to care for HIV/AIDS, viral hepatitis, endocarditis

Technical assistance is available

NASTAD

<https://www.nastad.org/domestic/hepatitis/drug-user-health>

email: DrugUserHealthTA@nastad.org

Harm Reduction Coalition

<https://harmreduction.org/blog/covid-19-resources-for-people-who-use-drugs-and-people-vulnerable-to-structural-violence/>



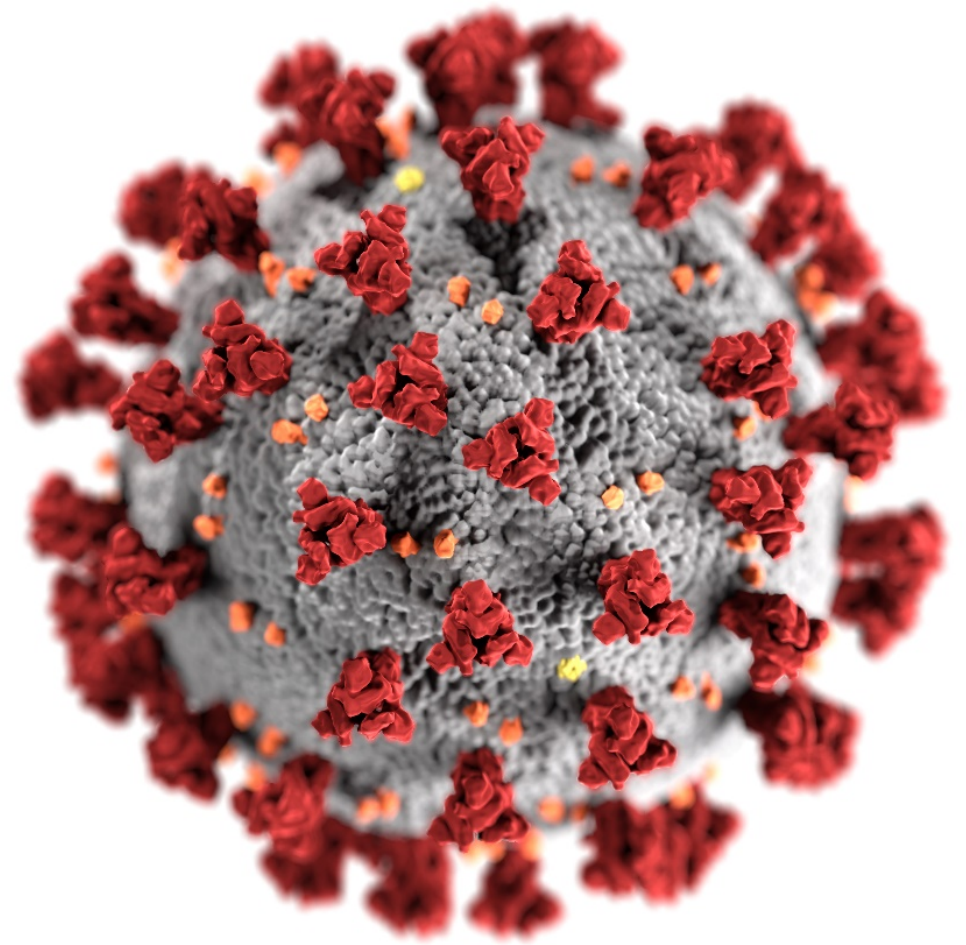
THANK YOU

Questions?

Alice Asher: AAsher@cdc.gov

<https://www.cdc.gov/coronavirus/2019-ncov/php/syringe-service-programs.html>

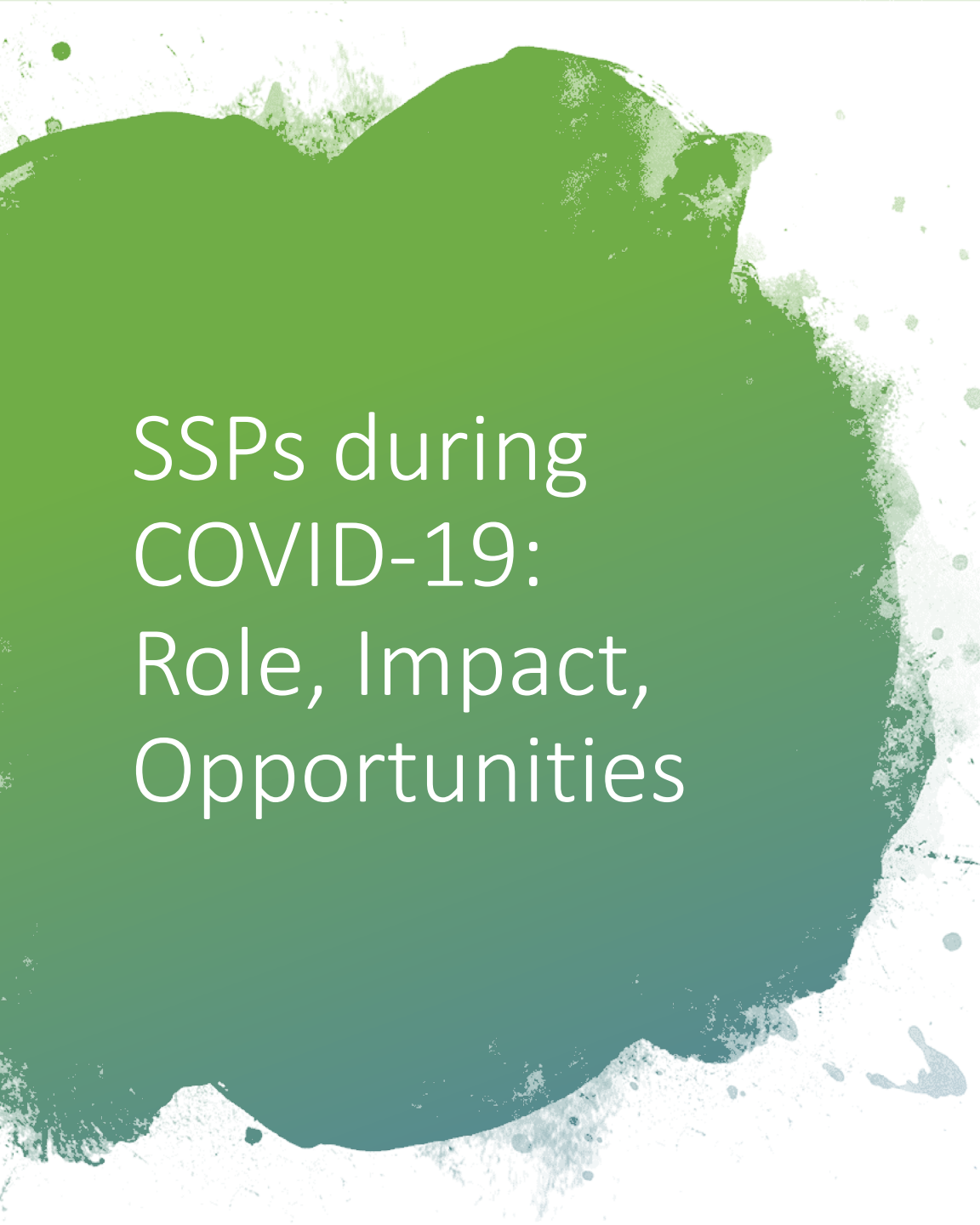




For more information, contact CDC
1-800-CDC-INFO (232-4636)
TTY: 1-888-232-6348 www.cdc.gov

The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.





SSPs during COVID-19: Role, Impact, Opportunities

Daniel Raymond

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Harm Reduction Coalition

www.harmreduction.org

Evolving Roles of SSPs during COVID-19

- Outreach and education: credible, trusted messengers to populations often distanced from or distrustful of officials and media
- Prevention: provision of masks, hand sanitizer, and supplies
- Testing: opportunity to provide COVID-19 testing to a medically disenfranchised population; potential role in contact tracing and future role in vaccination strategies

Initial COVID-19 Impact on SSPs

- A majority of SSPs have maintained operations, usually adapted or scaled back (Glick et al., *AIDS Behav* 2020; Bartholomew et al., *Int J Drug Policy* 2020)
- Strong signals of increased overdose fatalities reported across multiple communities; suspension of HIV & HCV testing leaves uncertainties about changes in transmission rates & potential clusters/outbreaks among people who inject drugs
- Increased regulatory flexibility in accessing MOUD (methadone, buprenorphine) may have some mitigating impact for opioid users, but overall trends in uptake and retention are uncertain

Further Opportunities for SSPs

- Remove operational barriers & burdens in current state and local policy (statutes, ordinances, regulations, funding stipulations)
- Facilitate harm reduction partnerships to address structural drivers of risk (MOUD, reentry/parole/ATI, homeless services/housing, DV/IPV, etc.)
- Protect existing funding & mobilize substantial new resources for scale-up and sustainability

Harm Reduction Coalition Resources

COVID-19 Resources for People Who Use Drugs and
People Vulnerable to Structural Violence

<https://harmreduction.org/blog/covid-19-resources-for-people-who-use-drugs-and-people-vulnerable-to-structural-violence/>

Panelists

Braunz E. Courtney

Executive Director, HEPPAC / Casa Segura

Madison Weintraut, MPH, BSN, RN

Program Manager, Marion County Public Health Department, Syringe Access and Support (SSAS) Program

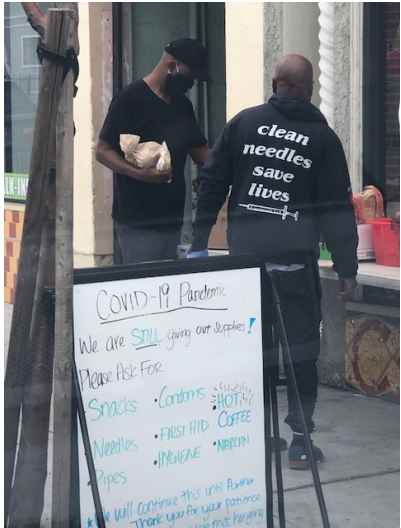
Mark Jenkins

Executive Director, Greater Hartford Harm Reduction Coalition, Inc.



HIV Education and Prevention Project of Alameda County (HEPPAC) Casa Segura

**COVID-19 Adapting SSPs
Integrated Mobile Medical Model
Best Practices**





ADAPTING

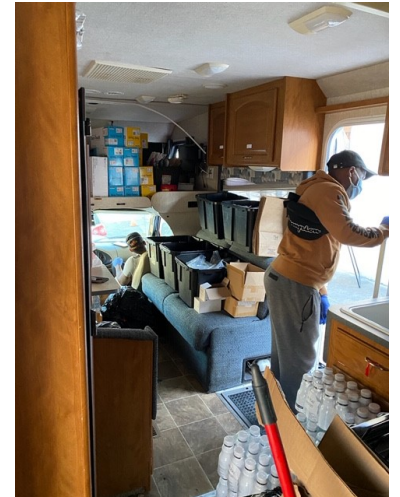
- Acknowledging quarantine scare and reactions (OHH \$H*T)
- Board of Directors and staff buy in (Shut down, scale back, alter?)
- Review CDC, State, Local guidelines that were available DAILY!
- Brainstorming best practices, what's logical, realistic
- Impact on vulnerable populations BIPOC (ACPHD)
- Informing funders of your needs and \$pending
- Becoming Zoom experts





SSP Best Practices (Taking Action)

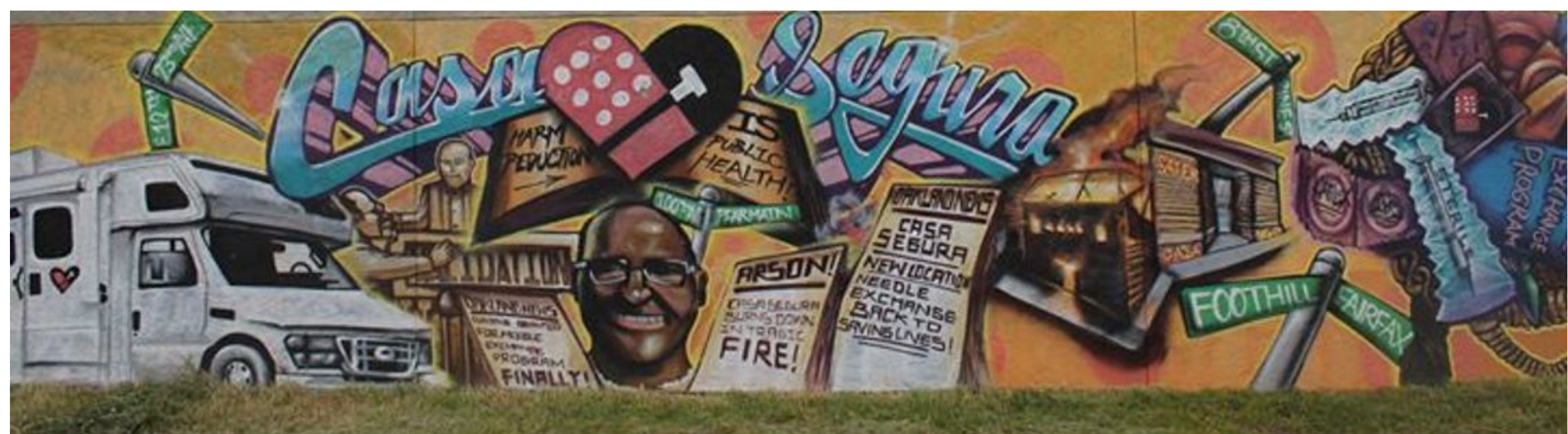
- PPE demand, requests, stockpile for staff and participants
- Social Distancing: Staff, participants
- Shifting schedules / staggered hours
- Service Modality: Food Truck Style
- Drop In Center: Door service
- Mobile Services: Scale back at encampments
- Participants needs (Hand Washing stations) PPE
- Referrals check: Who's doing what during quarantine





Mobile Harm Reduction is still out there





Braunz E. Courtney
Executive Director
HEPPAC / Casa Segura

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Marion County Public Health Department

SAFE SYRINGE ACCESS AND SUPPORT (SSAS) PROGRAM




SAFEsyringe
SYRINGE EXCHANGE PROGRAM

Madison Weintraut, MPH, BSN, RN
Program Manager

- Launched April 2019
- Approximately 400 clients
- Storefront and mobile locations open 5 days a week (pre-COVID)



COVID-19 Response

- Indiana shut down orders effective March 25th
 - Storefront and mobile operations ceased March 25th through June 5th
 - No contact delivery model implemented
 - Reported increase in EMS runs for overdose from 100 in January to 250 in April
 - No contact naloxone delivery model implemented
 - Re-opened mobile outreach June 5th
 - Exchange and naloxone provided through handicap entrance and side window
- 



Mark Jenkins,
Executive Director
Greater Hartford Harm
Reduction Coalition,
Inc.



Greater Hartford Harm Reduction, Inc.

Discussion

CONTACT INFORMATION

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